THE ROAD TO INDEPENDENCE DAY

HOW TO DELIVER, REINVENT AND INTEGRATE OUR HEALTH AND SOCIAL CARE?

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6th March 2014
Grand Committee Room, House of Commons, Westminster

Public and political expectations of our NHS – changing our view of good healthcare

The session addressed the question: "What does good or better health and social care look like?"

The Independence Day Panel:

Victoria Macdonald, Health and Social Care Correspondent, Channel 4 News (Chair) ● Professor Phil Hope, Director, Improving Care ● Pam Creaven, Director of Services, Age UK ● Andrew Hawkins, ComRes ● Alexandra Norrish, Deputy Director of NHS Policy and Strategy, Department of Health ● Professor Trish Morris-Thompson, Director of Quality and Clinical Governance, Barchester Healthcare

Evidence heard from:

Barbara Keeley MP, Member, Health Select Committee ● Kate Hall, External Affairs Manager, Nutricia ● John Myatt, Serco Health ● Neil Nerva, Health and Social Care Consultant, Frontline Consulting ● Mark Jackson, Deputy Chairman, Saga Healthcare ● Vivienne McVey, Commercial Director, Virgin Care ● Malcolm Booth, Chief Executive, National Federation of Pensioners ● Duncan White, Policy Officer, UK Homecare Association

The Independence Day Health and Social Care Hearings bring together policy makers, representatives from the health and social care sectors and the public to contribute fresh thinking to the policy debate and come up with practical solutions. The second hearing provided the opportunity for a constructive debate about how we can deliver a transformed health and social care system.

CONTEXT

The health select committee recently called for large scale change to be made to how care is provided, if we are to meet the needs of the UK's ageing population at a time of increased

cost pressures. Sir David Nicholson, chief executive of NHS England, has pointed out that "the NHS has to adapt to survive".

But the need to change and to integrate health and social care presents a huge conundrum for policymakers, given that such reforms remain "notoriously" controversial and unpopular with the public.

A capped budget for the NHS and pressures on social care spending, combined with a growing ageing population, means that the sectors need to either lower the average cost per patient or ration services. We need to find the "sweet spot" which improves health outcomes, quality and patient satisfaction at a lower cost. Independence Day is about how the NHS and care systems can work to reduce spending and, in parallel, improve patient experience.

Plans for hospital closures and further integration are seldom welcomed by the public. The public's connection with "my hospital" is very powerful and not entirely unreasonable, and hospital closure can feel like replacing something with nothing.

The second Independence Day hearing asked how policy makers could change public perception of the health and care systems and why the public were often reluctant to embrace change and new forms of integrated care. It also examined public anxiety in relation to change or hospital closures and sought solutions as to how they could be addressed.

SUMMARY

What was heard?

- The public had a visceral affection for the NHS but there was also severe distrust following Mid Staffs
- There would be a £44bn spending gap in NHS funding by 2021
- Public support would determine the success or failure of reforms and politicians forget that the public may desire change also
- The greatest resistance to change came from incumbents of local services
- The Government has ‘flunked the debate on elderly care’

What needs to be done?

1. Reshape social care locally so community services were brought closer to patient’s homes
2. Employ models of care which have worked in other countries
3. Consider ‘double-running’ services for a period of time until the public are comfortable with the service and become ‘champions’ of the new system
4. Consider housing for the elderly in the form of carehomes and retirement villages as cost saving measures in the debate on health and social care

SUMMARY OF CONTRIBUTIONS

Phil Hope of **Improving Care** introduced the second hearing and spoke about the challenge of an ageing population on an already straightened NHS. He said the purpose of this hearing was to examine what 'good' health and social care looked like, consider the barriers to reform and work out how to change the public's mindset so they were comfortable with any change.

The Chair Victoria Macdonald said there was widespread agreement that the health and social care system needed to be looked at again and that bold innovation and novel solutions were required.

Andrew Hawkins of **ComRes** spoke about the "*visceral*" affection which the public had for the NHS and cited polling figures showing that 60% of people believed that it offered a "*high standard of care*". However, he said polling data also found that two thirds thought the NHS had become "*less compassionate*". He pointed out that the better the UK economic situation became, the more important the NHS would be politically.

He noted that there was a "*vortex of distrust"* among the public regarding patient care following Mid Staffs and real worry about the lack of resources and investment in the service. However, there was correspondingly, little appetite for making people pay for NHS services. Overall, he said there was a generation gap where people born pre 1945 were more positive and sentimental about the service and those born post 1945 were more willing to break with the tenets of the past in order to reform the system. However, he conceded that the latter group perhaps had an "*inability to comprehend the realities of elderly care*" because it was hard for politicians to get them to understand its importance.

Pam Creaven of **Age UK** spoke about a report the charity had published which found that there was a "*crisis in elderly care*". She argued that from an older person's perspective, the important issue was how the system worked in a local area and criticised the shrinking back of social care which had left elderly patients "*lonely and isolated within the community*". She pointed out that the healthcare system needed to change to cope with the chronic long-term conditions which beset so many elderly patients and said there was a lack of understanding about this. In her opinion there should be a switch from primary to community care.

Furthermore, she said that there was "*little appetite*" in local areas to look, understand and ask questions about local health and social care and urged commissioners to realise that there was a need for better community care. She questioned whether anyone could provide an accurate figure for how much mental health care and community care cost and argued that the Government had performed a sleight-of hand by "*pretending to increase the social care budget*" through shifting money from the NHS local budget.

Barbara Keeley MP of the **Health Select Committee** argued that the Government had "*flunked the debate on elderly care*" by "*refusing to have a debate on the Dilnot reforms*" despite concerted requests by the Labour Party. She agreed with **Pam Creaven** that the Government had "*taken £2 - 3bn out of social care*" and said that it was the experience of her constituents that it was being left to individuals and voluntary organisations to explain

why patients were "*losing care packages as a result of the cuts*" rather than this being done by the NHS.

Alexandra Norrish of the **Department of Health** said this was "*absolutely the right time to have this discussion as change will happen*" and agreed that public support would determine the success or failure of any reforms to the system. She said it was important to consider examples from other countries and how they make effective change. She said change was needed for three reasons: there was a need to move towards better community services, closer to patients' homes; when budgets are stretched, other options must be examined and finally, "*politicians sometimes forgot that the public might want change also*". She gave an example of a healthcare reconfiguration that had worked well in a rural community in the US, when trying to move to healthcare system based on community care, rather than shutting the hospital immediately, they built up local services to run in parallel until they were deemed to work effectively. In this way the "new" care services became more popular and welcome. However, she acknowledged that in a time of budgetary restraint, it would not be practical to double-run services and noted that the UK had a more conservative attitude towards innovative approaches to healthcare.

Professor Trish Morris-Thompson of **Barchester Healthcare** said that from the perspective of a care-home provider on elderly care, a care-home should be part of the community and have a key role in supporting elderly people lead more independent lives. She said that there was an "*inevitable tension*" between what the local authority was prepared to pay for residential care and what the provider expected.

John Myatt of **Serco Health** argued that it was unhelpful to the debate that the public were "*totally unaware*" that a real-terms freeze in funding meant a "*4% cut in NHS services*". He noted that while a council tax bill told you how much you had spent on some public services, a figure for NHS spending was not given.

Neil Nerva of **Frontline Consulting** pointed out that local authority residential care spending was also spent on people below 65, for example on those patients with learning difficulties. He also called for an innovation budget to be ringfenced.

Mark Jackson of **Saga Healthcare** challenged politicians to admit that healthcare was "*no longer free at the point of* need" and pointed out that it was already commonly known that the public would have to start buying healthcare by 2021 because of the £44bn funding gap that would emerge by this date.

[Registered Nursing Healthcare Provider] agreed and said that the debate should not be about what 'good' health and social care looked like but rather about what was the best system patients should get for the "*money they were prepared to pay for it*".

Phil Hall accepted that the healthcare system could *"collapse by 2021 if more funding was not provided*" and said that people may have to pay more for health services, as they already did, in the social care sector. However, he said the issue was really about reshaping social care at a local level and noted that the greatest resistance to change in this respect was coming from incumbents of local services. On the issue of innovation, he pointed out that ultimately, if an approach did not improve a patient's experience of the system *and* it did not reduce costs, it would only cause more confusion.

Malcolm Booth of **NFOP**, a pensioners' membership organisation, said his members did not understand the difference between the NHS and social care and did not understand the impact of the Dilnot reforms. He noted that they had been brought up with the expectation that the NHS would provide for them "*from the cradle to the grave*" and said that if they were more aware of the reality of a system that was not built to cope with an ageing population, they would speak out.

Vivienne McVey of **Virgin Healthcare** argued it was a failing of the current health and social care system that budgets did not reside with those who provided the services. This meant that the "*money follows the patient rather than the patient following the money*". She said that she spent a great deal of time arguing with commissioners so that the money was properly applied and called for more investment in community care.

Michael Voges from **ARCO**, a membership organisation made up of operators of retirement community villages urged the panellists to consider housing in the mix when discussing what was to be done with the health and social care system. He noted that currently only 0.5% of elderly people lived in retirement villages even though they had been found to reduce the need for hospital stays and could save the NHS a considerable amount of money. **Phil Hall** said that the Government needed to seek models of care that worked and "imitate not innovate". He concluded by arguing that the best approach would be to get people to champion services.

The second Independence Day hearing was attended by:

Baroness	Barker		House of Lords
Steve	Barwick	Senior Policy and Account Director	Connect Communications
Malcolm	Booth	Chief Executive	National Federation of Occupational Pensioners
Simon	Bottery	Director of Policy and External Relations	Independent Age
Edward	Brown	Research and Policy Officer	Associated Retirement Community Operators
Natasha	Bye	Public & Strategic Affairs Director	Nutricia
Pam	Creaven	Director of Services	Age UK
Libby	Eastley	Business Development Director	Care UK
Clint	Elliott	Chief Executive	National Association of Retired Police Officers
Geraldine	Green	Senior Policy Officer	Alzheimer's Society
Kate	Hall	External Affairs Manager	Nutricia
Andrew	Hawkins	Chair	ComRes
Davina	Hehir	Director of Legal Strategy and Policy	Dignity in Dying
Marian	Hodges	Associate Director Publishing	National Institute for Health Care Excellence
Phil	Hope	Director	Improving Care
Joe	Irvin	Chief Executive	NAVCA
Barbara	Keeley MP	Health Select Committee	House of Commons
Guy	L'Etang	Research and Parliamentary Assistant to Baroness Campbell DBE	House of Lords
Lord	Lipsey		House of Lords

Victoria	Macdonald	Health Correspondent	Channel 4
Christine	Mackay	Associate Director – Policy & Communications, NHS and Health Policy	Merck
Baroness	Masham of Ilton		House of Lords
Vivienne	McVey	Commercial Director	Virgin Care
Gill	Morris	Chief Executive	Connect Communications
Professor Trish	Morris-Thompson	Director of Quality and Clinical Governance	Barchester Healthcare
John	Myatt	Strategic Development Director	Serco Health
Neil	Nerva		Frontline Consulting
Alexandra	Norrish	Deputy Director of NHS Policy and Strategy	Department of Health
Ally	Paget	Researcher	Demos
Heidi	Shute	Corporate Director	Medway Community Healthcare
Lakshmi	Turner	Chief Executive	Solicitors for the Elderly
Frank	Ursell	CEO	Registered Nursing Home Association
Michael	Voges	Executive Director	Associated Retirement Community Operators
Duncan	White	Policy Officer	UK Homecare Association
Mark	Jackson		Saga